

Referral Wizard Guide

for Probation Officers



Updated: 2/12/2012



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Accessing the KidTraks System

Demographic information must first be entered in either Quest or JTAC to create referrals in the KidTraks system.

Quest (for service referrals)

Quest

Menu

Jurisdiction: DEMO
User: ERIC
Feb 7, 2012 4:36 PM

Gottlieb & Wertz

Document detail

This is a new entry

Document date/time:

Template: List templates containing
DCSIVESRV - DCS Service Request Form

DCS Service Request Form

☐ Send notice ☐ Sealed

Document for: Gilbert Grape

Case(s): ☒ Gilbert Grape: Case 1 - Plaintiff - 48D021202CHJD000001 (Active; Inf Adjust)

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Select DCS Service Request Form

DCS Service Request Form

Select the people receiving services.

☒ Update ☒ Cancel ☒ Refresh ☒ Backwards ☒ Top ☒ Preview

Sel	Relative	Relation	Person	Custody status	Address
<input checked="" type="checkbox"/>			Gilbert Grape	Yes	

Select a link to update information

Gilbert Grape List relatives Add a new relative

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Select the members of the case

Quest (for placement referrals)

The placements should start from the time of removal from the home. There should be no gaps in placement.

County: 29 - Hamilton Provider contains:

Provider: 155611933 - HAMILTON CO JUVENILE DETENTION CTR

Placement: FOSTER - SUBSTITUTE CARE

Relationship: 001 - None

Start Date: 11/16/2011 End Date: 11/15/2011

County: 49 - Marion Provider:

Provider: 68436098 - COLL (THE PARENT COMPANY OF INDIANA DEVELOPMENTAL TRAINING CENTER)

Placement: FOSTER

Relationship: 001

Start Date: 11/11/11 End Date:

County: 48 - Madison Provider contains:

Provider:

Placement:

Relationship: 001 - None

Start Date: End Date:

County: 48 - Madison Provider contains:

Provider:

Enter the placement on the IV-E eligibility form.

DCS IV-E Eligibility

Do you need to access KidsTrack to do an ICPR for placements?

If you select 'yes', after completing this document, you should automatically see the KidsTrack Wizard. If not, you probably have Pop-Up Blocking enabled on your browser. Disable it and then refresh this page.

☒ Yes ☐ No

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Do you need to access KidTraks to do an ICPR? Click 'yes'

JTAC

DCS Home • About • Contact • Logout

User: Gajula, Jyothi (JGAIJLQA) Current App: DCS (QA) Version: 2.2.0

State: IN County: Marion Organization: Marion Superior Court Probation (49901)

Home Cases

CASE REFERRALS

Download PDF

Case #: 1220775149 (Open)
Name: Smith, John
Address: 123 Main street
Indianapolis, IN

County: Marion
JPO Name: Jyothi Gajula
JPO Phone: (317) 234-0828
JPO Email: jyothi.gajula@dcscs.in.gov

General Referrals Placements

How do I manage referrals?
This is the explanation on how to add referrals...

Referrals

There are no referrals associated with this case.

Manage Referrals

Click 'Manage Referrals' on the Referrals tab

General Referrals **Placements** Hearings Earned Income Unearned Income Assets Education

Placement Information

Removal Date: 01/16/2012
Date Last Lived With: 01/16/2012

Disabilities: None
Adoption Type: Not Adopted
Adoption Date: N/A

Edit Placement Info Edit Removal Date

Placements

Include Voted Records ☐

Resource	Relationship	Program	Begin Date	End Date	
Jones Elaine, Lcpa-0016 (#195863933)	None	Substitute Care	02/09/2012	02/09/2012	Mark As Error
Jones, Dennis And Sandra (Lcpa #53676) (#74836098)	None	Substitute Care	02/09/2012	02/09/2012	Mark As Error
Youth Opportunity Center 33437 (#153955933)	None	Substitute Care	02/09/2012		Mark As Error
Lutherwood Residential Treatment Center 32095 (Under The Parent Company Of Lutheran Child And Family Services) (#701049)	None	Substitute Care	01/18/2012	02/08/2012	Mark As Error
Abner Derek And Laura (#573733149)		Substitute	06/2012	01/18/2012	Mark As Error

Manage Placement Referrals

from Placement Add Placement

Click 'Manage Placement Referrals' on the Placements tab



KIDTRAKS: Case Page

Once you are in the KidTraks system you will be taken to the [Case Page](#) for the case you were reviewing in either Quest or JTAC. The KidTraks [Case Page](#) will have a summary of the case information, placements, approved referrals and referrals awaiting approval.



KidTraks
Child Welfare Financial System - QA

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Sunday, February 12, 2012



Action Required - The following referral(s) are pending your approval

Approve	Review	Preview	Referral Date	Status	Category	Provider Name	Service	Participants	Delete
Approve	Review		02/12/2012	Open	Service Referral	FAMILY INTERVENTIONS INC	HOME-BASED FAMILY CENTERED CASEWORK SERVICES	SMITH, JOHN, SMITH	

Referrals Pending Approval

Case [\[Refresh Case Data\]](#)

Action: [Add New Service Referral](#) [Go](#)

[Summary](#) [Attachments](#)

Case Profile:

Case ID: 1220775149
Status:
FCM: PROBATION, OFFICER
(helpdeskicwis@dcs.IN.gov)
County: Marion
Start Date: 1/16/2012
End Date:

Case Participants:

Person Included
John Smith(12)
Krish Smith(36)

Service Referrals:

Summary of all referrals

Referral_ID	Referral Date	Status	Provider Name
214401	02/12/2012	Open	FAMILY INTERVENTIONS INC
214400	02/11/2012	Approved	ASPIRE INDIANA INC
214400	02/11/2012	Approved	ASPIRE INDIANA INC
214386	02/10/2012	Cancelled	ADULT AND CHILD MENTAL HEALTH CENTER INC

Placement Referrals: (select the child to view)

Current Placements--ICPRs

Child	Start Date	Provider Name
SMITH, JOHN	02/09/2012	JONES ELAINE, LCPA-0016
SMITH, JOHN	02/09/2012	JONES, DENNIS and SANDRA (LCPA #53676)
SMITH, JOHN	02/09/2012	YOUTH OPPORTUNITY CENTER 33437
		LUTHERWOOD RESIDENTIAL

Local intranet | Protected Mode: Off



Make a Service Referral

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Sunday, February 12, 2012



Action Required - The following referral(s) are pending your approval

Approve	Review	Preview	Referral Date	Status	Category	Provider Name	Service	Participants	Delete
Approve	Review		02/12/2012	Open	Service Referral	FAMILY INTERVENTIONS INC	HOME-BASED FAMILY CENTERED	SMITH, JOHN, SMITH, KRISH	

Step 1: Click Go to make a Service Referral

Case [\[Refresh Case Data\]](#)

Action: [Add New Service Referral](#) [Go](#)

[Summary](#) [Attachments](#)

Case Profile:

Case ID: 1220775149
Status:
FCM: PROBATION, OFFICER
(helpdeskicwis@dcs.IN.gov)
County: Marion
Start Date: 1/16/2012
End Date:

Case Participants:

Person Included
John Smith(12)
Krish Smith(36)

Service Referrals:

Referral_ID	Referral Date	Status	Provider Name
214401	02/12/2012	Open	FAMILY INTERVENTIONS INC
214400	02/11/2012	Approved	ASPIRE INDIANA INC
214400	02/11/2012	Approved	ASPIRE INDIANA INC
214386	02/10/2012	Cancelled	ADULT AND CHILD MENTAL HEALTH CENTER INC

Placement Referrals: (select the child to manage ICPRs)

Child	Start Date	Provider Name
SMITH, JOHN	02/09/2012	JONES ELAINE, LCPC-0016
SMITH, JOHN	02/09/2012	JONES, DENNIS and SANDRA (LCPC #53676)
SMITH, JOHN	02/09/2012	YOUTH OPPORTUNITY CENTER 33437
		LUTHERWOOD RESIDENTIAL

Local intranet | Protected Mode: Off

Step 2: Select the household members being referred for services. Select the county in which services will be provided (this will default to the county of the case), and the need for interpreter services. Click “Continue”

Session

Please select the service location.

Source:
Probation

Marion

Source ID:
1220775149

Description:
206118349

County:

Current User:
Lisa Rich

Please check all household members and others you may be referring for services.

<input checked="" type="checkbox"/>	Referred Persons	Role	Birth Date	Age	Bx Health CANS	Interpreter Services
<input checked="" type="checkbox"/>	John Smith	Child	02/01/2000	12	0	<input type="checkbox"/>
<input checked="" type="checkbox"/>	Krish Smith	Mother	10/04/1975	36	0	<input type="checkbox"/>

Continue

Cancel

Step 3: Select the type of service for which you are making the referral.

Source:
Probation

Source ID:
1220775149

Description:
206118349

County:
Marion

Current User:
Lisa Rich

MRO Assessment for Eligibility

Do the parents need assistance to manage the behavioral health care needs of one or more of the children? MRO services are Medicaid services provided in the community or family's home in order to meet the behavioral health care needs of the child. Home based services are included as well as other services for the parents to learn to meet the needs of the child. Click here to send the child(ren) for an assessment for MRO services.

[Continue](#)

No items..

Home Based Services

Does this family need home based services to improve family functioning? Click here to find out about the array of home based services available.

[Continue](#)

Counseling, Psychological or Psychiatric Services

Are there members of the family who need counseling? Do you think that a psychological, intellectual, or emotional problem is contributing to the behavior of an adult or child? Is that problem interfering with the adult's ability to parent? Click here to find out more about psychological and psychiatric services.

[Continue](#)

Drug Screens and Treatment for Substance Use Disorders

Do you suspect someone in this family has a substance abuse problem? Click here to see services available to treat addictions.

[Continue](#)

Domestic Violence Services

Has there been an incident of DV with this family? Domestic Violence Intervention Services are services that would need to be implemented if there has been a history or pattern of assaultive or coercive behavior. It includes physical, sexual, or psychological attacks as well economic coercion with an adult or adolescent in an intimate relationship. Services include those for batterer, victim and child. Click here to find out more about treatment options for those affected by Domestic Violence.

[Continue](#)

Services for Children

Are you looking for a service that is targeted to the child? Click here to see our child specific services.

[Continue](#)

Other Services for Parents

Do the parents need parent education classes? Would participation in a support group be helpful to them in order to understand the CHINS process? Click here to make a referral for these kinds of services.

[Continue](#)

Visitation Supervision

Does this family need supervised visitation? This could include visitation between children and parents or other family members.

[Continue](#)

Home Based Services

Session

Please indicate which (if any) services you wish to authorize.

[Back](#)

[Finish](#)

Pending Items

No items..

Source:
Probation

Source ID:
1220775149

Description:
206118349

County:
Marion

Current User:
Lisa Rich

Homemaker

This service is provided by a paraprofessional (without a degree) person and focuses on assisting the family with learning how to meet their basic needs, such as home management, basic parenting, transportation, child nutrition, and child development. Visitation Supervision can be provided under this service.

[Continue](#)

Home Based Casework Services

This service is typically provided by a bachelor's level person and focuses on the assisting the family with more complex needs, such as behavior modification techniques, managing crises, navigating service systems, and assistance developing and working toward long and short term goals. Visitation Supervision can be provided under this service.

[Continue](#)

Home Based Therapy

This service is provided by a Master's level person and focuses on providing family centered therapeutic services in the home. Visitation Supervision can be provided under this service.

[Continue](#)

1 Hour Crisis Response

These crisis services are for families who have children at imminent risk of removal. Imminent risk is defined as: Immediate threat of injury or harm to a child when no interventions have occurred to protect the child. The goal of this service is to resolve the immediate crisis, prevent removal of the child, and to transition and/or link the family to needed services.

[Continue](#)



Step 4: You will enter the page where the referral information is to be completed. Enter the Court Order Date, Service Start Date, select those who will be referred, select the provider from the drop down list, enter any special instructions and click 'save'.



TIP: To enter today's date, type "t" in any date field.

Session

This service is typically provided by a bachelor's level person and focuses on the assisting the family with more complex needs, such as behavior modification techniques, managing crises, navigating service systems, and assistance developing and working toward long and short term goals. Visitation Supervision can be provided under this service.

☒ Make Referral for Service Or ☐ Do Not Refer for Service

Enter Service Dates:

Date of Court Order  Service Start Date 


Is this referral for reports and court testimony only? ☐ Yes ☒ No

Please select the household members being referred for services and the family's intensity need level.
If you are referring two households you should complete two referrals.

<input type="checkbox"/>	Referred Persons	Role	Birth Date	Age	CANS
<input type="checkbox"/>	John Smith	Child	02/01/2000	12	0
<input type="checkbox"/>	Krish Smith	Mother	10/04/1975	36	0

Select the provider from one of the following:

Please enter any special instruction for the provider related to this family:

 KidTraksQA - Child Welfare Financial System



Indiana Department of Child Services

Home Based Services - Home Based Casework Services

This service is typically provided by a bachelor's level person and focuses on the assisting the family with more complex needs, such as behavior modification techniques, managing crises, navigating service systems, and assistance developing and working toward long and short term goals. Visitation Supervision can be provided under this service.

☒ Make Referral for Service Or ☐ Do Not Refer for Service

Enter Service Dates:

Date of Court Order  Service Start Date 


Is this referral for reports and court testimony only? ☐ Yes ☒ No

Please select the household members being referred for services and the family's intensity need level.
If you are referring two households you should complete two referrals.

<input checked="" type="checkbox"/>	Referred Persons	Role	Birth Date	Age	CANS
<input checked="" type="checkbox"/>	John Smith	Child	02/01/2000	12	0
<input checked="" type="checkbox"/>	Krish Smith	Mother	10/04/1975	36	0

Select the provider from one of the following:

Please enter any special instruction for the provider related to this family:

 KidTraksQA - Child Welfare Financial System

Indiana Department of Child Services

☒ CASSANDRA MCCONN INC

☐ CENTERSTONE OF INDIANA INC

☐ CHILD & FAMILY PARTNERS INC

☐ CHILDREN'S BUREAU

☐ DAMAR SERVICES INC

☒ FAMILY INTERVENTIONS INC

☐ LIFELINE YOUTH & FAMILY SERVICES INC

☐ MENTAL HEALTH AMERICA OF BOONE COUNTY

☐ RES CARE

☐ RESOURCE COMMUNITY BASED

Local intranet | Protected Mode: Off | 125% | Welcome Lisa Rich

Session

Source:
Probation

Source ID:
1220775149

Description:
206118349

County:
Morgan

Current User:
Lisa Rich

Home Based Services - Home Based Casework Services

This service is typically provided by a bachelor's level person and focuses on the assisting the family with more complex needs, such as behavior modification techniques, managing crises, navigating service systems, and assistance developing and working toward long and short term goals. Visitation Supervision can be provided under this service.

☒ Make Referral for Service Or ☐ Do Not Refer for Service

Enter Service Dates:

Date of Court Order  Service Start Date 

Is this referral for reports and court testimony only? ☐ Yes ☒ No

Please select the household members being referred for services and the family's intensity need level.
If you are referring two households you should complete two referrals.

<input checked="" type="checkbox"/>	Referred Persons	Role	Birth Date	Age	CANS
<input checked="" type="checkbox"/>	John Smith	Child	02/01/2000	12	0
<input checked="" type="checkbox"/>	Krish Smith	Mother	10/04/1975	36	0

Select the provider from one of the following:

Please enter any special instruction for the provider related to this family:

Mother works during the day, services must be provided in the evenings and on weekends.

Done

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Step 5: You may complete additional referrals or click Finish.

Session

Source:
Probation

Source ID:
1220775149

Description:
206118349

County:
Morgan

Current User:
Lisa Rich

Home Based Services

Please indicate which (if any) services you wish to authorize.

Pending Items

Homemaker

This service is provided by a paraprofessional (without a degree) person and focuses on assisting the family with learning how to meet their basic needs, such as home management, basic parenting, transportation, child nutrition, and child development. Visitation Supervision can be provided under this service.

[Continue](#)

Home Based Casework Services

This service is typically provided by a bachelor's level person and focuses on the assisting the family with more complex needs, such as behavior modification techniques, managing crises, navigating service systems, and assistance developing and working toward long and short term goals. Visitation Supervision can be provided under this service.

[Referred](#)

Home Based Therapy

This service is provided by a Master's level person and focuses on providing family centered therapeutic services in the home. Visitation Supervision can be provided under this service.

[Continue](#)

1 Hour Crisis Response

These crisis services are for families who have children at imminent risk of removal. Imminent risk is defined as: Immediate threat of injury or harm to a child when no interventions have occurred to protect the child. The goal of this service is to resolve the immediate crisis, prevent removal of the child, and to transition and/or link the family to needed services.

[Continue](#)

[Home Based Casework Services](#)

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Step 6: You may 'Approve' or 'Review' the referral. To change a referral that has been completed, click 'Review'. You must do this before it is approved. The number of authorized units can be changed and you may add attachments. Once approved, the referral cannot be changed. If you do not want to change the referral from the standard service package, and you do not want to add any attachments, click 'Approve'

Sunday, February 12, 2012



Action Required - The following referral(s) have not been submitted for approval

Approve	Review	Preview	Referral Date	Status	Category	Provider Name	Service	Participants	Delete
Approve	Review		02/12/2012	Open	Service Referral	FAMILY INTERVENTIONS INC	HOME-BASED FAMILY CENTERED CASEWORK SERVICES	SMITH, JOHN, SMITH, KRISH	

Case [\[Refresh Case Data \]](#)

Action: [Add New Service Referral](#) [Go](#)

Summary [Attachments](#)

Case Profile:

Case ID: 1220775149
 Status:
 FCM: PROBATION, OFFICER
 (helpdeskicwis@dcs.IN.gov)
 County: Marion
 Start Date: 1/16/2012
 End Date:

Case Participants:

Person Included
John Smith(12)
Krish Smith(36)

Service Referrals:

Referral_ID	Referral Date	Status	Provider Name
214401	02/12/2012	Open	FAMILY INTERVENTIONS INC

Placement Referrals: (select the child to manage ICPRs)

Child	Start Date	Provider Name
SMITH, JOHN	02/09/2012	JONES ELAINE, LCPA-0016

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125%

To make changes to the referral, click 'Review'



Action Required - The following referral(s) have not been submitted for approval

Approve	Review	Print	Referral Date	Status	Category	Provider Name	Service	Participants	Delete
Approve	Review		02/12/2012	Open	Service Referral	FAMILY INTERVENTIONS INC	HOME-BASED FAMILY CENTERED CASEWORK SERVICES	SMITH, JOHN, SMITH, KRISH	

Case [\[Refresh Case Data \]](#)

Action: [Add New Service Referral](#) [Go](#)

[Summary](#) [Attachments](#)

Case Profile:

Case ID: 1220775149
 Status:
 FCM: PROBATION, OFFICER
 (helpdeskicwis@dcs.IN.gov)
 County: Marion
 Start Date: 1/16/2012
 End Date:

Case Participants:

Person Included
 John Smith(12)
 Krish Smith(36)

Service Referrals:

Referral_ID	Referral Date	Status	Provider Name
214401	02/12/2012	Open	FAMILY INTERVENTIONS INC

Placement Referrals: **(select the child to manage ICPRs)**

Child	Start Date	Provider Name
SMITH, JOHN	02/09/2012	JONES ELAINE, LCPA-0016

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You will enter the Provider Referral Information page where you can review and change the referred services or add attachments. Click 'Referred Services'

Provider Referral Information

Action: [Go](#)

Vendor Name: FAMILY INTERVENTIONS INC
 Case Name: 1220775149 - Smith, John [\(click to view case information\)](#)
 Status: Open
 Referral ID: 214401

[Basic Information](#) [Referred Services](#) [Attachments](#)

Referral ID: 214401
 Vendor ID: ST015349
 Vendor Name: FAMILY INTERVENTIONS INC
 6658 N 100 W
 Crawfordsville, IN
 Status: Open
 Case Type: Case
 Case ID: [1220775149](#)
 Case Name: Smith, John
 County: Morgan
 Created By: Lisa Rich
 Create Date: 2/12/2012

Other Pertinent Information or Other Significant Persons:

List Other Services and Service Providers Working With the Family

[Save](#) [Cancel](#) [Close](#)

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The 'Referred Services' tab shows the services authorized on the referral as well as the maximum number of units for which the provider can bill. To make changes, click on the Billable Unit ID. In this example we will change the number of Face to Face units from 72 to 80.

Provider Referral Information

Action:

Vendor Name: FAMILY INTERVENTIONS INC
Case Name: 1220775149 - Smith, John [\(click to view case information\)](#)

Status: Open
Referral ID: 214401

Basic Information Referred Services Attachments

Referred Services

Add

Package: Home Based Services - Home Based Casework Services

Billable Unit ID	Service	Start Date	End Date	Max Units	Referred Persons
<input type="checkbox"/> RF0000188070	HOME-BASED FAMILY CENTERED CASEWORK SERVICES - FACE TO FACE	02/12/2012	08/12/2012	72	John Smith (12), Krish Smith (36)
<input type="checkbox"/> RF0000188071	HOME-BASED FAMILY CENTERED CASEWORK SERVICES - COURT	02/12/2012	08/12/2012	2	John Smith (12), Krish Smith (36)

Changes can be made to the various fields on the referral. In this example, change the Max Units from 72 to 80.

Billable Unit ID: RF0000188070

Provider Referral

Service: HOME-BASED FAMILY CENTERED CASEWORK SERVICES - FACE TO FACE

Max Units:

Vendor Name:
Case Name:

Identification Date:
02/12/2012

Start Date:
02/12/2012

End Date:
08/12/2012

y, February 12, 2012

Action:

Status: Open
Referral ID: 214401

Basic Information

Referred Services

Package: Home Based Services - Home Based Casework Services

Instructions

Mother works during the day, services must be provided in the evenings and on weekends.

Goals:

Participant(s)

John Smith (12) ☒
Krish Smith (36) ☒

Save

Close

Type '80' in the Max Units box, click 'save' and then 'close'.

KidTraks
Child Welfare Financial System - QA

Billable Unit Details

Billable Unit ID: RF0000188070

Service: HOME-BASED FAMILY CENTERED CASEWORK SERVICES - FACE TO FACE

Max Units:

Identification Date: 02/12/2012 Start Date: 02/12/2012 End Date: 08/12/2012

Instructions: Mother works during the day, services must be provided in the evenings and on weekends.

Goals:

Participant(s): John Smith (12) [x] Krish Smith (36) [x]

Save Close

Local intranet | Protected Mode: Off

The new Max Units will show as 80.

Sunday, February 12, 2012

Provider Referral Information

Vendor Name: FAMILY INTERVENTIONS INC Status: Open

Case Name: 1220775149 - Smith, John (click to view case information) Referral ID: 214401

Basic Information Referred Services Attachments

Referred Services Add Go

Package: Home Based Services - Home Based Casework Services


Billable Unit ID	Service	Start Date	End Date	Max Units	Referred Persons
<input type="checkbox"/> RF0000188070	HOME-BASED FAMILY CENTERED CASEWORK SERVICES - FACE TO FACE	02/12/2012	08/12/2012	80	John Smith (12), Krish Smith (36)
<input type="checkbox"/> RF0000188071	HOME-BASED FAMILY CENTERED CASEWORK SERVICES - COURT	02/12/2012	08/12/2012	2	John Smith (12), Krish Smith (36)

Done Local intranet | Protected Mode: Off

Add Attachments: To add attachments to a referral, click 'Attachments' This functionality allows documents to be shared securely.

Sunday, February 12, 2012

Provider Referral Information Action:

Vendor Name: FAMILY INTERVENTIONS INC
Case Name: 1220775149 - Smith, John [\(click to view case information\)](#) 

Status: Open
Referral ID: 214401

Basic Information **Referred Services** Attachments

Referred Services Add

Package: [Home Based Services - Home Based Casework Services](#)

Billable Unit ID	Service	Start Date	End Date	Max Units	Referred Persons
<input type="checkbox"/> RF0000188070	HOME-BASED FAMILY CENTERED CASEWORK SERVICES - FACE TO FACE	02/12/2012	08/12/2012	80	John Smith (12), Krish Smith (36)
<input type="checkbox"/> RF0000188071	HOME-BASED FAMILY CENTERED CASEWORK SERVICES - COURT	02/12/2012	08/12/2012	2	John Smith (12), Krish Smith (36)

Done Local intranet | Protected Mode: Off 125%

Click 'Add' and then 'Browse' to locate the file to be attached.

Sunday, February 12, 2012

Provider Referral Information Action:

Vendor Name: FAMILY INTERVENTIONS INC
Case Name: 1220775149 - Smith, John

Status: Open
Referral ID: 214401

Basic Information **Referred Services** Attachments

Add

No records to display...

Attachment Upload

* = Required Field(s)

Vendor Name
FAMILY INTERVENTIONS INC

Referring FCM
Lisa Rich

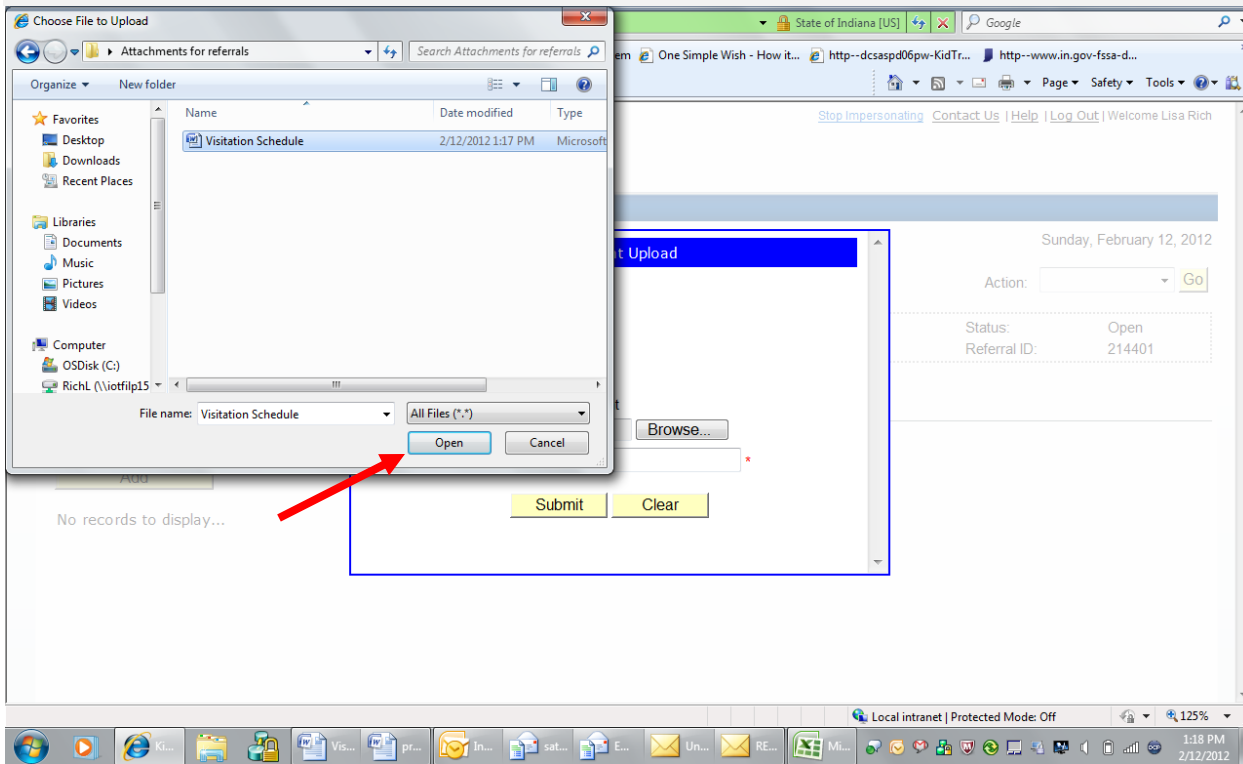
Type: FCM Uploaded Document

Filename:

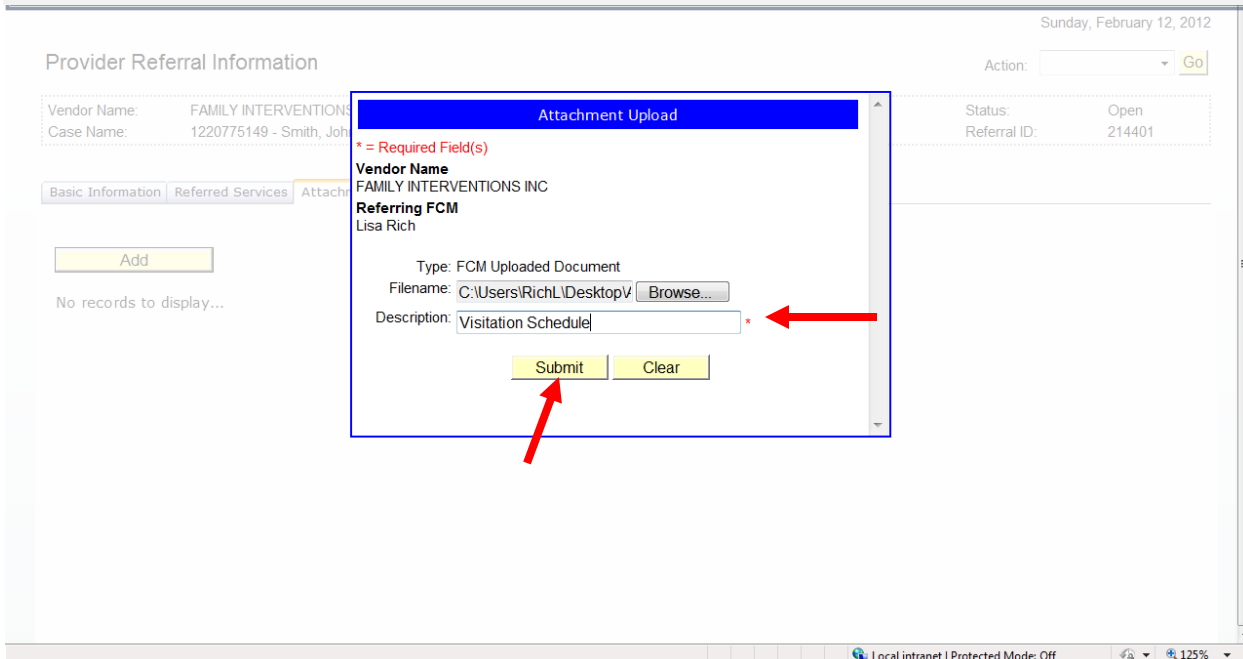
Description: *

Local intranet | Protected Mode: Off 125%

Find the file and click 'Open'



Type a description and click 'Submit'



You will see that the attachment has been added.

Sunday, February 12, 2012

Provider Referral Information

Action:

Vendor Name: FAMILY INTERVENTIONS INC
Case Name: 1220775149 - Smith, John ([click to view case information](#))

Status: Open
Referral ID: 214401

Basic Information Referred Services Attachments

Add

Attachments

Description

[Visitation Schedule](#)

Visitation Schedule

Done

Local intranet | Protected Mode: Off

125%



KidTraks

Child Welfare Financial System - QA

[Stop Impersonating](#) [Contact Us](#) [Help](#) [Log Out](#) | Welcome Lisa Rich

Remember to 'Approve' the referral after you have reviewed it.

Approve	Review	Preview	Referral Date	Status	Category	Provider Name	Service	Participants	Delete
Approve	Review		02/12/2012	Open	Service Referral	FAMILY INTERVENTIONS INC	HOME-BASED FAMILY CENTERED CASEWORK SERVICES	SMITH, JOHN, SMITH, KRISH	

Case [Refresh Case](#) [Data](#)

Action:

Summary Attachments

Case Profile:

Case ID: 1220775149
Status:
FCM: PROBATION, OFFICER
(helpdeskicwis@dcs.IN.gov)
County: Marion
Start Date: 1/16/2012
End Date:

Case Participants:

Person Included
John Smith(12)
Krish Smith(36)

Service Referrals:

Placement Referrals: (select the child to manage ICPRs)

javascript:_doPostBack('ctl00\$ContentPlaceHolder1\$grdCaseOpen\$ctl03\$lnkApprove','')

Local intranet | Protected Mode: Off

125%

Community Mental Health Center Recommended Services:

Community Mental Health Centers have the ability to recommend services for clients for whom they have a referral. If the CMHC has made a recommendation for services, the CMHC should notify you. You will enter Kidtraks and the recommendation will be awaiting your review and approval.

Sunday, February 12, 2012



Action Required - The following referral(s) are pending your approval

Approve	Review	Preview	Referral Date	Status	Category	Provider Name	Service	Participants	Delete
Approve	Review		02/12/2012	Open	Service Referral	WABASH VALLEY ALLIANCE INC	COUNSELING	SMITH, JOHN, SMITH, KRISH	

Case [\[Refresh Case Data\]](#)

Action: [Add New Service Referral](#) [Go](#)

[Summary](#) [Attachments](#)

Case Profile:

Case ID: 1220775149
Status:
FCM: PROBATION, OFFICER
(helpdeskicwis@dcs.IN.gov)
County: Marion
Start Date: 1/16/2012
End Date:

Case Participants:

Person Included

John Smith(12)
Krish Smith(36)

Service Referrals:

Referral_ID	Referral Date	Status	Provider Name
214401	02/12/2012	Approved	FAMILY INTERVENTIONS INC
214402	02/12/2012	Approved	WABASH VALLEY ALLIANCE INC
214402	02/12/2012	Approved	WABASH VALLEY ALLIANCE INC
214402	02/12/2012	Approved	WABASH VALLEY ALLIANCE INC

Placement Referrals: (select the child to manage ICPRs)

Child	Start Date	Provider Name
SMITH, JOHN	02/09/2012	JONES ELAINE, LCPC-0016
SMITH, JOHN	02/09/2012	JONES, DENNIS and SANDRA (LCPC #53676)
SMITH, JOHN	02/09/2012	YOUTH OPPORTUNITY CENTER 33437
		LUTHERWOOD RESIDENTIAL TREATMENT CENTER 32095

Local intranet | Protected Mode: Off



Make a Placement Referral

Sunday, February 12, 2012

Case [\[Refresh Case Data\]](#) Action: [Add New Service Referral](#) [Go](#)

[Summary](#) [Attachments](#)

Case Profile:

Case ID: 1220775149
Status:
FCM: PROBATION, OFFICER
(helpdeskicwis@dcs.IN.gov)
County: Marion
Start Date: 1/16/2012
End Date:

Case Participants:

Person Included
John Smith(12)
Krish Smith(36)

Step 1: Click on the child's name to make an ICPR for the corresponding placement.

Service Referrals:

Referral_ID	Referral Date	Status	Provider Name
214401	02/12/2012	Approved	FAMILY INTERVENTIONS INC
214402	02/12/2012	Approved	WABASH VALLEY ALLIANCE INC
214402	02/12/2012	Approved	WABASH VALLEY ALLIANCE INC
214403	02/12/2012	Approved	WABASH VALLEY ALLIANCE INC
214400	02/11/2012	Approved	ASPIRE INDIANA INC
214400	02/11/2012	Approved	ASPIRE INDIANA INC
214386	02/10/2012	Cancelled	ADULT AND CHILD MENTAL HEALTH CENTER INC
214389	02/10/2012	Approved	LUTHERAN CHILD AND FAMILY SERVICES
214389	02/10/2012	Approved	LUTHERAN CHILD AND FAMILY SERVICES
214391	02/10/2012	Approved	ADULT AND CHILD MENTAL HEALTH CENTER INC
214391	02/10/2012	Approved	ADULT AND CHILD MENTAL HEALTH CENTER INC
214393	02/10/2012	Approved	ADULT AND CHILD MENTAL

Placement Referrals: (5) [Manage ICPRs](#)

Child	Start Date	Provider Name
SMITH, JOHN	02/09/2012	JONES ELAINE, LCPC-0016
SMITH, JOHN	02/09/2012	JONES, DENNIS and SANDRA (LCPC #53676)
SMITH, JOHN	02/09/2012	YOUTH OPPORTUNITY CENTER 33437
SMITH, JOHN	01/18/2012	LUTHERWOOD RESIDENTIAL TREATMENT CENTER 32095 (under the parent company of Lutheran Child and Family Services)
SMITH, JOHN	01/16/2012	ABNER DEREK AND LAURA

Done

Local intranet | Protected Mode: Off

100%

Individual Child Placement Referral for DCS Foster Home:

Step 2: To create an ICPR, click 'Add ICPR'.

Home > ICWIS Portal Home > Placement Inquiry > Placement Information Sunday, February 12, 2012

Placement Information	Vendor Info
Placement ID: 607707149	Vendor ID: ST358141
Resource ID: 573733149	Vendor Name: DEREK ABNER
Resource Name: ABNER DEREK AND LAURA	Address: 1253 S EAST ST
Person ID: 206118349	INDIANAPOLIS, IN 46225 -
Person Name: Smith, John (12)	
Case ID: 1220775149 (click to view case information)	
Case Type: Probation	
Case Worker:	
County: Marion	
Start Date: 1/16/2012	
End Date: 1/18/2012	
Bx CANS Score: 0	
Placement CANS Score: 0 - Unknown	

Add ICPR **Close**

Action: Approve **Go**

Placement History:

There are no placement(s) added...

Step 3: Add the Effective Date of the ICPR. The Expiration Date will automatically calculate for 6 months from the Effective Date. If the placement end date is already known, it can be entered as the expiration date. Select DCS Foster Home or Court Ordered Paid Placement.

Source:	Placement ID: 607707149	Vendor Name: DEREK ABNER
Source ID:	Resource ID: 573733149	Address: 1253 S EAST ST
Description:	Resource Name: ABNER DEREK AND LAURA	INDIANAPOLIS, IN 46225 -
County:	Person ID: 206118349	
Current User:	Person Name: Smith, John (12)	
Lisa Rich	Case ID: 1220775149	
	Case Type: Probation	
	Case Worker:	
	County: Marion	
	Start Date: 1/16/2012	
	End Date: 1/18/2012	
	Bx CANS Score: 0	
	Placement CANS Score: 0 - Unknown	

Add Placement

Effective Date:

Expiration Date:

Service:

Component:

Standard Rate:

Negotiated Rate:

Number of Non-Ward babies included: Non-Ward Baby Rate:

Pay Rate:

Continue **Close**

Placement History:

There are no placement(s) added...

Done

Local intranet | Protected Mode: Off

100%

Step 4: Probation youth will automatically be paid at the Therapeutic rate. The rate can be changed by the probation officer based on the needs of the youth. If the youth is placed with a baby or child, the rate will be increased to cover the cost of the child. Select the number of children placed with the youth. Click 'continue'

Session	Placement ID: 607707149	Vendor ID: ST358141
Source:	Resource ID: 573733149	Vendor Name: DEREK ABNER
	Resource Name: ABNER DEREK AND LAURA	Address: 1253 S EAST ST
Source ID:	Person ID: 206118349	INDIANAPOLIS, IN 46225 -
	Person Name: Smith, John (12)	
Description:	Case ID: 1220775149	
	Case Type: Probation	
	Case Worker:	
County:	County: Marion	
	Start Date: 1/16/2012	
Current User:	End Date: 1/18/2012	
Lisa Rich	Bx CANS Score: 0	
	Placement CANS Score: 0 - Unknown	

Add Placement	
Effective Date:	1/16/2012
Expiration Date:	7/16/2012
Service:	DCS FOSTER HOME
Component:	Therapeutic (CANS Category 3) 5-13 Years Old
Standard Rate:	40.42
Negotiated Rate:	40.42
Number of Non-Ward babies included:	0
Non-Ward Baby Rate:	18.88
Pay Rate:	40.42
<input type="button" value="Continue"/> <input type="button" value="Close"/>	

Step 5: If you would like to make a referral for therapy, click 'Yes' and you will be taken to the service referral wizard. You must finish the wizard process to finalize the ICPR and any referrals. If you click 'No', you will be returned to the case page.

Source:	Placement ID: 607707149	Vendor Name: DEREK ABNER
	Resource ID: 573733149	Address: 1253 S EAST ST
	Resource Name: ABNER DEREK AND LAURA	INDIANAPOLIS, IN 46225 -
Source ID:	Person ID: 206118349	
	Person Name: Smith, John (12)	
Description:	Case ID: 1220775149	
	Case Type: Probation	
	Case Worker:	
County:	County: Marion	
	Start Date: 1/16/2012	
Current User:	End Date: 1/18/2012	
Lisa Rich	Bx CANS Score: 0	
	Placement CANS Score: 0 - Unknown	

Add Placement	
Effective Date:	1/16/2012
Expiration Date:	7/16/2012
Service:	DCS FOSTER HOME
Component:	Therapeutic (CANS Category 3) 5-13 Years Old
Standard Rate:	40.42
Negotiated Rate:	40.42
Number of Non-Ward babies included:	0
Non-Ward Baby Rate:	18.88
Pay Rate:	40.42
<input type="button" value="Continue"/> <input type="button" value="Close"/>	

Is Therapy needed?
Would you like to refer for therapy services now?
<input type="button" value="Yes"/> <input type="button" value="No"/>

Placement History:

There are no placement(s) added...

Done

Local intranet | Protected Mode: Off

100%

Individual Child Placement Referral for Licensed Child Placing Agency:

Step 1: Click on the child's name next to the placement.

Case [\[Refresh Case Data\]](#) **Action:** Add New Service Referral Go

Summary **Attachments**

Case Profile:
Case ID: 1220775149
Status:
FCM: PROBATION, OFFICER
(helpdeskicwis@dcs.IN.gov)
County: Marion
Start Date: 1/16/2012
End Date:

Case Participants:

Person Included
John Smith(12)
Krish Smith(36)

Service Referrals:

Referral_ID	Referral Date	Status	Provider Name
214401	02/12/2012	Approved	FAMILY INTERVENTIONS INC
214402	02/12/2012	Approved	WABASH VALLEY ALLIANCE INC
214402	02/12/2012	Approved	WABASH VALLEY ALLIANCE INC
214403	02/12/2012	Approved	WABASH VALLEY ALLIANCE INC
214400	02/11/2012	Approved	ASPIRE INDIANA INC
214400	02/11/2012	Approved	ASPIRE INDIANA INC
214386	02/10/2012	Cancelled	ADULT AND CHILD MENTAL HEALTH CENTER INC
214389	02/10/2012	Approved	LUTHERAN CHILD AND FAMILY SERVICES
214389	02/10/2012	Approved	LUTHERAN CHILD AND FAMILY SERVICES
214391	02/10/2012	Approved	ADULT AND CHILD MENTAL HEALTH CENTER INC
214391	02/10/2012	Approved	ADULT AND CHILD MENTAL HEALTH CENTER INC

Placement Referrals: (select the child to manage ICPRs)

Child	Start Date	Provider Name
SMITH, JOHN	02/09/2012	JONES ELAINE, LCPA-0016
SMITH, JOHN	02/09/2012	JONES, DENNIS and SANDRA (LCPA #53676)
SMITH, JOHN	02/09/2012	YOUTH OPPORTUNITY CENTER 33437
SMITH, JOHN	01/18/2012	LUTHERWOOD RESIDENTIAL TREATMENT CENTER 32095 (under the parent company of Lutheran Child and Family Services)
SMITH, JOHN	01/16/2012	ABNER DEREK AND LAURA

Step 2: To create an ICPR, click 'Add ICPR'.

Placement Information

Placement ID: 607725149
Resource ID: 74836098
Resource Name: JONES, DENNIS and SANDRA (LCPA #53676)
Person ID: 206118349
Person Name: Smith, John (12)
Case ID: [1220775149](#) [\(click to view case information\)](#)
Case Type: Probation
Case Worker:
County: Marion
Start Date: 2/9/2012
End Date: 2/9/2012
Bx CANS Score: 0
Placement CANS Score: 0 - Unknown

Vendor Info
Vendor ID: ST067398
Vendor Name: ADULT AND CHILD MENTAL HEALTH CENTER INC
Address: 222 E OHIO ST STE 600
INDIANAPOLIS, IN 46204 -

Add ICPR Close

Action: Approve Go

Placement History:
There are no placement(s) added...

Done Local intranet | Protected Mode: Off 125%

Step 3: Add the Effective Date of the ICPR. The Expiration Date will automatically calculate for 6 months from the Effective Date. If the placement end date is already known, it can be entered as the expiration date. Select LCPA Foster Home.

Session	Placement ID: 607725149	Vendor ID: ST067398
Source:	Resource ID: 74836098	Vendor Name: ADULT AND CHILD MENTAL HEALTH CENTER INC
Source ID:	Resource Name: JONES, DENNIS and SANDRA (LCPA #53676)	Address: 222 E OHIO ST STE 600 INDIANAPOLIS, IN 46204 -
Description:	Person ID: 206118349	
County:	Person Name: Smith, John (12)	
Current User:	Case ID: 1220775149	
Lisa Rich	Case Type: Probation	
	Case Worker:	
	County: Marion	
	Start Date: 2/9/2012	
	End Date: 2/9/2012	
	Bx CANS Score: 0	
	Placement CANS Score: 0 - Unknown	

Add Placement

Effective Date: 2/9/2012

Expiration Date: 8/9/2012

Service:

Component: LCPA FOSTER HOME

Standard Rate: DCS FOSTER HOME

Negotiated Rate: COURT ORDERED PAID PLACEMENT

TRANSITIONAL HOUSING

Number of Non-Ward babies included: 0 Non-Ward Baby Rate:

Pay Rate:

Placement History:

There are no placement(s) added...

Step 4: Probation youth will automatically be paid at the Therapeutic rate. The rate can be changed by the probation officer based on the needs of the youth. If the youth is placed with a baby or child, the rate will be increased to cover the cost of the child. Select the number of children placed with the youth. Click 'continue'

Source:	Placement ID: 607725149	Vendor ID: ST067398
Source ID:	Resource ID: 74836098	Vendor Name: ADULT AND CHILD MENTAL HEALTH CENTER INC
Description:	Resource Name: JONES, DENNIS and SANDRA (LCPA #53676)	Address: 222 E OHIO ST STE 600 INDIANAPOLIS, IN 46204 -
County:	Person ID: 206118349	
Current User:	Person Name: Smith, John (12)	
Lisa Rich	Case ID: 1220775149	
	Case Type: Probation	
	Case Worker:	
	County: Marion	
	Start Date: 2/9/2012	
	End Date: 2/9/2012	
	Bx CANS Score: 0	
	Placement CANS Score: 0 - Unknown	

Add Placement

Effective Date: 2/9/2012

Expiration Date: 8/9/2012

Service: LCPA FOSTER HOME

Component: Therapeutic (CANS Category 3) 5-13 Years Old

Standard Rate: 71.55

Negotiated Rate: 71.55

Number of Non-Ward babies included: 0 Non-Ward Baby Rate: 18.88

Pay Rate: 71.55

Placement History:

Step 5: You will be asked if you would like to use the therapy services of the LPCA. Preference should be given to the LPCA for therapy unless it is in the best interest of the child to see another therapist OR the child is already seeing a therapist that is not part of the LPCA.

Source:	Resource ID: 74836098 Resource Name: JONES, DENNIS and SANDRA (LCPA #53676) Person ID: 206118349 Person Name: Smith, John (12) Case ID: 1220775149 Case Type: Probation Case Worker:	Vendor Name: ADULT AND CHILD MENTAL HEALTH CENTER INC Address: 222 E OHIO ST STE 600 INDIANAPOLIS, IN 46204 -
Source ID:	County:	
Description:	Start Date:	
	End Date:	
Current User: Lisa Rich	Bx CANS Score:	
	Placement CANS:	

Placement Referral Selection

Please choose from the following.....

☒ Use the therapy services of the Licensed Child Placing Agency

☐ Make a referral to another service provider because it is in the best interest of the child

☐ This child is already seeing a therapist

Add Placement

Effective Date:

Expiration Date:

Service:

Component:

Standard Rate: 71.55

Negotiated Rate:

Number of Non-Ward babies included: Non-Ward Baby Rate: 18.88

Pay Rate: 71.55

Step 6: Enter the date of the court order and start date for the service. It should correspond to the dates of the ICPR. Enter any special instructions or goals of the service.

Source:	Placement ID:	
Source ID:	Resource ID:	
Description:	Resource Name:	
	Person ID:	
County:	Person Name:	
	Case ID:	
Current User: Lisa Rich	Case Type:	
	Case Worker:	
	County:	
	Start Date:	
	End Date:	
	Bx CANS Score:	
	Placement CANS:	

Create Referral

Residential and LPCA Behavioral Health Services - LPCA Behavioral Health Services - CPA Behavioral Health Services

CPA Bx Category

☒ Make Referral for Service Or ☐ Do Not Refer for Service

Enter Service Dates:

Date of Court Order Service Start Date

<input type="checkbox"/>	Referred Persons	Role	Birth Date	Age	Bx Health CANS
<input checked="" type="checkbox"/>	John Smith	Child	02/01/2000	12	0

What is the child's intensity need level?

☐ Level 1 - Low-One session every other week.

☒ Level 2 - Medium-One session every week.

☐ Level 3 - High-Two sessions per week.

Please enter any special instruction for the provider related to this family:

Please enter the goals of the service for this family:

Placement History:

There are no placement(s) added...

Done

Local intranet | Protected Mode: Off

100%

Step 7: Click 'yes' if family counseling is needed and select the family members to be referred.

Session	Placement Information	Vendor Info
Source:	Placement ID:	Vendor ID: ST067398
Source ID:	Resource ID:	
Description:	Resource Name:	
County:	Person ID:	
Current User:	Person Name:	
Lisa Rich	Case ID:	
	Case Type:	
	Case Worker:	
	County:	
	Start Date:	
	End Date:	
	Bx CANS Score:	
	Placement CANS	

Add Placement

Effective Date:
Expiration Date:
Service:
Component:
Standard Rate:
Negotiated Rate:
Number of Non-War:
Pay Rate: 71.55

Continue

Close

Create Referral

Is Family Counseling needed?
☐ No
☒ Yes

Please select the children and adults who should participate:

	Referred Persons	Role	Birth Date	Age	Bx Health CANS
<input checked="" type="checkbox"/>	John Smith	Child	02/01/2000	12	0
<input checked="" type="checkbox"/>	Krish Smith	Mother	10/04/1975	36	0

Special instructions:
☐ Level 1: One session every other week
☒ Level 2: One session every week
☐ Level 3: Two sessions every week

Is Therapeutic Supervised Visitation needed? (regular visitation should not be included here)
☒ No
☐ Yes

Continue

Cancel

Placement History:

Service	Component	Date	Date	User	Date	Services
LCPA FOSTER HOME	Therapeutic (CANS Category 3) 5-13 Years Old	71.55	02/09/2012	08/09/2012	Approved RichL	02/12/2012

Step 8: Click 'yes' if therapeutic supervised visitation is needed. This is supervision by a therapist. If traditional supervised visitation is needed, that should be referred through the service referral wizard. Select the family members to be referred, the number of hours to be provided per week and enter any special instructions.

Description:	Case Type:	Create Referral																		
County:	Case Worker:	<input checked="" type="radio"/> No																		
Current User:	County:	<input type="radio"/> Yes																		
Lisa Rich	Start Date:	Is Therapeutic Supervised Visitation needed? (regular visitation should not be included here)																		
	End Date:	<input type="radio"/> No																		
	Bx CANS Score:	<input checked="" type="radio"/> Yes																		
	Placement CANS	Please select the children and adults who should participate:																		
		<table border="1"> <thead> <tr> <th></th> <th>Referred Persons</th> <th>Role</th> <th>Birth Date</th> <th>Age</th> <th>Bx Health CANS</th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/></td> <td>John Smith</td> <td>Child</td> <td>02/01/2000</td> <td>12</td> <td>0</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Krish Smith</td> <td>Mother</td> <td>10/04/1975</td> <td>36</td> <td>0</td> </tr> </tbody> </table>		Referred Persons	Role	Birth Date	Age	Bx Health CANS	<input checked="" type="checkbox"/>	John Smith	Child	02/01/2000	12	0	<input checked="" type="checkbox"/>	Krish Smith	Mother	10/04/1975	36	0
	Referred Persons	Role	Birth Date	Age	Bx Health CANS															
<input checked="" type="checkbox"/>	John Smith	Child	02/01/2000	12	0															
<input checked="" type="checkbox"/>	Krish Smith	Mother	10/04/1975	36	0															
		Please enter hours per week of supervised visitation:																		
		3																		
		Special Instructions:																		
		<div>Continue</div> <div>Cancel</div>																		
		Placement History:																		
		<table border="1"> <thead> <tr> <th>Service</th> <th>Component</th> <th>Date</th> <th>Date</th> <th>User</th> <th>Date</th> <th>Services</th> </tr> </thead> <tbody> <tr> <td>LCPA FOSTER HOME</td> <td>Therapeutic (CANS Category 3) 5-13 Years Old</td> <td>71.55</td> <td>02/09/2012</td> <td>08/09/2012</td> <td>Approved RichL</td> <td>02/12/2012</td> </tr> </tbody> </table>	Service	Component	Date	Date	User	Date	Services	LCPA FOSTER HOME	Therapeutic (CANS Category 3) 5-13 Years Old	71.55	02/09/2012	08/09/2012	Approved RichL	02/12/2012				
Service	Component	Date	Date	User	Date	Services														
LCPA FOSTER HOME	Therapeutic (CANS Category 3) 5-13 Years Old	71.55	02/09/2012	08/09/2012	Approved RichL	02/12/2012														

Step 1: Click on the child's name next to the placement.

Step 2: Click on Add ICPR.

Local intranet | Protected Mode: Off

Step 3: Add the Effective Date of the ICPR. The Expiration Date will automatically calculate for 6 months from the Effective Date. If the placement end date is already known, it can be entered as the expiration date.

Source ID:	Person Name:	Smith, John (12)
	Case ID:	1220775149
Description:	Case Type:	Probation
	Case Worker:	
County:	County:	Delaware
	Start Date:	2/9/2012
	End Date:	
Current User:	Bx CANS Score:	0
Lisa Rich	Placement CANS Score:	0 - Unknown

Add Placement	
Effective Date:	2/12/2012
Expiration Date:	8/12/2012
Service:	<input type="text"/>
Component:	<input type="text"/>
Standard Rate:	0.00
Negotiated Rate:	<input type="text"/>
Number of Non-Ward babies included:	0 Non-Ward Baby Rate:
Pay Rate:	
Continue	Close

Placement History:

Service	Component	Rate	Effective Date	Expiration Date	Status	Modify User	Modify Date	Included Services
-------------------------	---------------------------	----------------------	--------------------------------	---------------------------------	------------------------	-----------------------------	-----------------------------	-----------------------------------

Step 4: Select Residential Placement and then select the program.

Source:	Resource Name:	YOUTH OPPORTUNITY CENTER 33437	Address:	3700 W KILGORE AVE
	Person ID:	206118349		MUNCIE, IN 47304 -
Source ID:	Person Name:	Smith, John (12)		
	Case ID:	1220775149		
Description:	Case Type:	Probation		
	Case Worker:			
County:	County:	Delaware		
	Start Date:	2/9/2012		
	End Date:			
Current User:	Bx CANS Score:	0		
Lisa Rich	Placement CANS Score:	0 - Unknown		

Add Placement	
Effective Date:	2/12/2012
Expiration Date:	8/12/2012
Service:	RESIDENTIAL PLACEMENT
Component:	<input type="text"/>
Standard Rate:	
Negotiated Rate:	EMERGENCY SHELTER
	INTAC
	SMART
	STEDY
Number of Non-Ward	
Pay Rate:	Youth Opportunity Center (INTAC-Emergency)
	Youth Opportunity Center (Residential)
Continue	Close

Placement History:

Service	Component	Rate	Effective Date	Expiration Date	Status	Modify User	Modify Date	Included Services
CHILD CARING INSTITUTIONS	STEDY	121.05	08/09/2012	02/07/2013	Approved	JMCMANUSQA	02/11/2012	214390
CHILD CARING INSTITUTIONS	INTAC	122.92	02/09/2012	08/09/2012	Approved	RichL	02/10/2012	214390

Done

Local intranet | Protected Mode: Off

100%

Step 5: Click 'continue' to finalize and approve the ICPR. You will be returned to the Case Page.

Source:	Resource Name: YOUTH OPPORTUNITY CENTER 33437	Address: 3700 W KILGORE AVE
Source ID:	Person ID: 206118349	MUNCIE, IN 47304 -
Description:	Person Name: Smith, John (12)	
	Case ID: 1220775149	
	Case Type: Probation	
	Case Worker:	
County:	County: Delaware	
	Start Date: 2/9/2012	
	End Date:	
Current User:	Bx CANS Score: 0	
Lisa Rich	Placement CANS Score: 0 - Unknown	

Add Placement	
Effective Date:	2/12/2012
Expiration Date:	8/12/2012
Service:	RESIDENTIAL PLACEMENT
Component:	TASC
Standard Rate:	173.12
Negotiated Rate:	173.12
Pay Rate: 173.12	
Continue	Close

Placement History:

Service	Component	Rate	Effective Date	Expiration Date	Status	Modify User	Modify Date	Included Services
CHILD CARING INSTITUTIONS	STEDY	121.05	08/09/2012	02/07/2013	Approved	JMCMANUSQA	02/11/2012	214390
CHILD CARING INSTITUTIONS	INTAC	122.92	02/09/2012	08/09/2012	Approved	RichL	02/10/2012	214390

Completing an ICPR when there is no vendor information.

Please notify the DCS Resource Unit when there is no vendor information by clicking on the link.

Placement Information

Placement ID:	607722149
Resource ID:	195863933
Resource Name:	JONES ELAINE, LCPA-0016
Person ID:	206118349
Person Name:	Smith, John (12)
Case ID:	1220775149 (click to view case information)
Case Type:	Probation
Case Worker:	
County:	Marion
Start Date:	2/9/2012
End Date:	2/9/2012
Bx CANS Score:	0
Placement CANS Score:	0 - Unknown

[Add ICPR](#) [Close](#)

Action: Approve [Go](#)

Placement History:

There are no placement(s) added...

Vendor Info

There is no vendor associated with this resource. If this is a payable placement, you will need to contact the DCS Resource Unit by clicking on the link below to have them correct this issue.

[Notify DCS Resource Unit](#)

Click 'send'. Once the Resource Unit has an opportunity to attach vendor information, you will be able to make the ICPR.

Child Welfare Financials

KidTraks - Email Notification -- Webpage Dialog

Send Notification

To:

CC:

Subject:

Message:

[Send](#) [Close](#)

Placement Information

Placement ID:	607722149
Resource ID:	195863933
Resource Name:	JONES ELAINE, LCPA-0016
Person ID:	206118349
Person Name:	Smith, John (12)
Case ID:	1220775149 (click to view case information)
Case Type:	Probation
Case Worker:	
County:	Marion
Start Date:	2/9/2012
End Date:	2/9/2012
Bx CANS Score:	0
Placement CANS Score:	0 - Unknown

[Add ICPR](#) [Close](#)

Action: Approve [Go](#)

Placement History:

There are no placement(s) added...

Sunday, February 12, 2012

VOID an ICPR:

If you make a mistake on an ICPR, you must void the ICPR and complete a new one. To do that, select the placement on the case page.

Start Date: 1/16/2012
End Date:

Service Referrals:

Referral_ID	Referral Date	Status	Provider Name
214437	02/14/2012	Approved	FAMILY WORKS, INC
214438	02/14/2012	Open	LIFE SOLUTIONS COUNSELING
214439	02/14/2012	Approved	CONNECTIONS INC
214442	02/14/2012	Approved	MENTAL HEALTH ASSOCIATION IN INDIANA INC
214413	02/13/2012	Approved	CONNECTIONS INC
214415	02/13/2012	Approved	ASPIRE INDIANA INC
214416	02/13/2012	Approved	DOCKSIDE SERVICES, INC.
214417	02/13/2012	Approved	CONNECTIONS INC
214421	02/13/2012	Approved	HEALTH & HOSPITAL CORP OF MARION COUNTY
214426	02/13/2012	Approved	ENNIS CENTER FOR CHILDREN INC
214429	02/13/2012	Approved	ADAM L SMITH
214430	02/13/2012	Approved	KEVIN ALSUP
214431	02/13/2012	Approved	FAMILY WORKS, INC
214432	02/13/2012	Approved	ALLIANCE FOR LIFE LLC
214433	02/13/2012	Open	I AM INC

Placement Referrals: (select the child to manage ICPRs)

Child	Start Date	Provider Name
SMITH, JOHN	02/09/2012	JONES ELAINE, LCPA-0016
SMITH, JOHN	02/09/2012	JONES, DENNIS and SANDRA (LCPA #53676)
SMITH, JOHN	02/09/2012	YOUTH OPPORTUNITY CENTER 33437
SMITH, JOHN	01/18/2012	LUTHERWOOD RESIDENTIAL TREATMENT CENTER 32095 (under the parent company of Lutheran Child and Family Services)
SMITH, JOHN	01/16/2012	ABNER DEREK AND LAURA

Select the ICPR that you want to "Void" and select "Void" from the drop down list. Then click 'Go'



KidTraks

Child Welfare Financial System - QA

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Tuesday, February 14, 2012

Placement Information

Placement ID: 607725149
Resource ID: 74836098
Resource Name: JONES, DENNIS and SANDRA (LCPA #53676)
Person ID: 206118349
Person Name: Smith, John (12)
Case ID: [1220775149 \(click to view case information\)](#)
Case Type: Probation
Case Worker:
County: Marion
Start Date: 2/9/2012
End Date: 2/9/2012
Bx CANS Score: 0
Placement CANS Score: 0 - Unknown

Vendor Info

Vendor ID: ST067398
Vendor Name: ADULT AND CHILD MENTAL HEALTH CENTER INC
Address: 222 E OHIO ST STE 600
INDIANAPOLIS, IN 46204 -

Add ICPR

Close

Action:

Approve
Approve
Void
Add

Placement History:

	Service	Component	Rate	Effective Date	Expiration Date	Status	Modify User	Modify Date	Print
<input checked="" type="checkbox"/>	LCPA FOSTER HOME	Therapeutic (CANS Category 3) 5-13 Years Old	90.43	02/14/2012	08/14/2012	Approved	RichL	02/14/2012	
<input type="checkbox"/>	LCPA FOSTER	Therapeutic (CANS Category 3) 5-13 Years	71.55	02/14/2012	08/14/2012	Approved	RichL	02/14/2012	

Questions? Contact your Probation Service Consultant!

Indiana Department of Child Services Probation Service Consultants



PROTECTING OUR CHILDREN,
FAMILIES & FUTURE.

JAMES W. DAYNE, DIRECTOR

